

Physician Residency/Fellowship/Sonography Program Letter for ARDMS Examinations

(AB, BR, OB/GYN, PS, FE, AE, PE, VT and SPI)

Physician Applicants: This examination is overseen by APCA's companion Council, ARDMS

(THIS IS A MANDATORY TEMPLATE CONTAINING ALL REQUIRED INFORMATION)

MADE-UP UNIVERSITY HOSPITAL
123 Main Street
Any City, Any State
888-555-1212

Note: This letter must be on the program/hospital letterhead and include the above information.

[Insert Date]

Alliance for Physician Certification & Advancement TM (APCATM)
1401 Rockville Pike
Suite 600
Rockville, MD 20852-1401

RE: Dr. [insert applicant's full name]

This is to verify that Dr. [insert applicant's name] has attended (or is attending) an accredited [indicate fellowship, residency or sonography program] at [insert name of program/hospital] from [insert dates attended – example April 1, 2017, through May 1, 2019]. During this timeframe of training, he/she has performed, under supervision, a minimum of [insert number of cases performed] in [insert specialty area(s)].

For questions regarding this letter, please contact me at [insert phone number and email address].

Sincerely,

[Insert hand-written signature]

[Insert Program Director's full name with any credentials] i.e. John Doe MD, RVT, RPVI, FSVS, FACP

[Insert position title] i.e. Vascular Fellowship Program Director